

PMETB VISIT TO DEANERY REPORT

Please note: this report is about the postgraduate medical education and training of doctors and not about the level of service provided.

1. Postgraduate Deanery visited: Wales Deanery	
2. Dates of visit: 14 - 16 July 2009	
3. Visiting team	
	Name
Lead visitor	Steven Heys
Visitor (Shadow lead)	Gordon Mott
Visitor	Stewart Irvine
Visitor	Simon Keightley
Visitor	Katherine Simpson
Visitor	Helen Smith
Visitor	Tudor Thomas
PMETB observer	Sarah Beattie
4. Training providers/trusts/hospitals/GP practices/NHS health boards visited Abertawe Bro Morgannwg University NHS Trust – Singleton Hospital, Morriston Hospital Cardiff and Vale NHS Trust – University Hospital Wales	
5. Contact to whom the visit report is to be sent for factual accuracy check	
Deanery contact name(s)	Email address(es)
Professor Derek Gallen	Derek.Gallen@foundationprogramme.nhs.uk
6. Existing reports referred to during the visit	
<ul style="list-style-type: none"> • Annual Deanery Report 2007-2008 • Specialty School Annual Reports • Trust Commissioning Visit Reports 2008 • Progress Reports for Trust Commissioning Visits • Escalated action plans • Deanery Strategic Plan • http://www.cardiff.ac.uk/pgmde/ (School of Postgraduate Medical and Dental Education) • Other deanery documentation relating to quality management • PMETB Visit report 2006 and associated follow-up • PMETB Evidence including Survey data 	

7. Findings against PMETB's generic standards for training

The visit team should identify notable practice as strengths of the provision, potential conditions as weaknesses and any actions that you consider essential or desirable under each of these domains. Each finding must be explicitly linked to evidence (either direct experience or from the evidence base presented).

Domain 1: Patient safety

The duties, working hours and supervision of trainees must be consistent with the delivery of high quality, safe patient care.

There must be clear procedures to address immediately any concerns about patient safety arising from the training of doctors.

D1.1 The team found that trainees were focused on patient safety and demonstrated their commitment to ensuring that the needs of patients were a primary concern.

D1.2 The team was impressed by the effective quality management (QM) framework developed and implemented by the deanery, and it was demonstrated that patient safety was a primary concern. Senior NHS management confirmed that the deanery's trust commissioning visit, an integral part of the QM framework together with its resultant risk assessment process, had resulted in concerns being more quickly identified and addressed through the action planning process.

D1.3 The deanery and local education providers (LEPs) were aware of the need for trainees to be compliant with the European Working Time Directive (EWTD) by August 2009. Achieving compliance was reported as a major challenge, especially in neurosurgery at Abertawe Bro Morgannwg University NHS Trust, and paediatrics (paediatric ITU) at Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust. This was compounded by rota gaps and difficulties recruiting for August. This had been recognised by the deanery's processes, and action planning was being undertaken at the time of the visit; the outcome is awaited. This situation is closely monitored by the Associate Dean (Quality Assurance) and Vice Dean, with regular, proactive monitoring of the situation.

D1.4 The team heard repeated concerns from trainees and trainers that changes required to achieve EWTD of 48 hours compliance could have negative impacts on training, and rotas compliant on paper were often not compliant in practice, due to unfilled posts.

D1.5 There was variability in trainees' knowledge of critical incident reporting when working in clinical environments. Some trainees were unsure of procedures to be followed. In neurosurgery, trainees had used a system for reporting incidents. However, they had not received feedback regarding outcomes of investigations and, therefore, had discontinued reporting critical incidents.

D1.6 The team was able to confirm that handover arrangements were in place for ensuring patient safety in ophthalmology and obstetrics and gynaecology.

D1.7 The team identified issues impacting on patient safety in two of three specialties used as audit trails, relating to handover, clinical supervision and rota gaps. These were discussed immediately with the deanery's Quality Assurance (QA) Unit and are outlined in paragraphs D1.8-D1.10.

D1.8 The first safety issue was in obstetrics and gynaecology delivered by Cardiff and Vale NHS Trust on two sites - Llandough Hospital and University Hospital Wales. At Llandough Hospital, where interventional procedures undertaken included oncological surgery, abdominal and vaginal surgery for benign disease, and pregnancy terminations, trainees were at foundation or ST1 GP training levels. The team heard from several sources that there was regularly a lack of consultant supervision post-operatively and that post-operative care was usually delivered by very junior trainees without consultants. The team heard that

trainees felt vulnerable, and the level of competence required to deal safely with emergencies was above that of these trainees. The team was satisfied that the deanery was aware of this matter, and appropriate measures were being put in place.

D1.9 The team learned of two specific examples where patient safety was compromised, one of these (Llandough Hospital) involved post-operative intra-abdominal haemorrhage with lack of consultant supervision. This was confirmed by trainers and managers. It was indicated to the team that problems with post-operative care resulted in part from lack of allocated time in consultant job plans for split site working. The team reported its concerns to the deanery's QA Lead who instigated action immediately (involving medical and clinical directors) to ensure patient safety, and confirmed to the team that this would be addressed. The QA Lead is taking this issue forward through the deanery's established QM processes.

D1.10 The second issue concerned neurosurgery trainees in Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust. The team was told that service pressures and rota gaps resulted in trainees working excessive hours and that, as a consequence, they were unable to participate in training and educational activities. While trainees reported that the situation in Cardiff and Vale NHS Trust had substantially improved in the last four months, following recruitment of additional staff, the situation in Abertawe Bro Morgannwg University NHS Trust was unresolved. It was reported that shift patterns were irregular, changeable without notice and not EWTD compliant.

D1.11 Trainees and trainers in Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust raised concerns about handover arrangements from Hospital at Night teams to neurosurgical teams. Problems occurred when patients were located in non-neurosurgical wards, inadequate handover then meant there were delays in neurosurgical management. This was brought to the deanery's attention by the team. The deanery was responsive and will address this in their plans for neurosurgical trainees. The other issues (see D1.5 and D1.10) had already been identified by the deanery's QM framework. The Dean had taken a lead, supported by trainers and trainees, and was taking measures to maintain training standards, including changing trainee locations. The team recognised the deanery's proactive involvement and was also aware that there was an ongoing review of adult neurosciences by an external expert review group.

D1.12 With the exception of the issues in paragraphs D1.7 to D1.11, trainees reported that clinical and educational supervision was generally good, with support and feedback being provided.

Domain 2: Quality management, review and evaluation

Postgraduate training must be quality managed locally by deaneries, working with others as appropriate, but within an overall delivery system for postgraduate medical education for which deans are responsible.

D2.1 The deanery operates a clearly defined QM system in line with the PMETB Quality Framework. This comprises 'routine' processes (PMETB trainee survey, PMETB trainer survey, trust commissioning visits, annual specialty reporting) and 'reactive' processes (enquiry, investigation, targeted visit and monitoring, escalated action planning, PMETB referral). A QA Unit with a lead Associate Dean for quality assurance has been established within the deanery and a risk assessment process developed to indicate the risk level of issues and to report risks to heads of school and trusts regularly.

D2.2 The team found good evidence that this framework is proactive and is implemented within the deanery and at LEP level. The deanery undertakes regular visits to LEPs and identifies and reports on areas of good practice, as well as areas of concern needing to be addressed. The reports of these visits lead to the production of action plans which are monitored by the deanery, and there is a system in place to escalate concerns with the LEP

should issues remain unresolved.

D2.3 The deanery provided examples in two specialties of areas where significant concerns were unresolved, and where this had resulted in the instigation of an escalated action planning process with monitoring and feedback of progress (obstetrics and gynaecology, and ophthalmology at Cardiff and Vale NHS Trust).

D2.4 It was confirmed by senior NHS management, trainers and trainees that these escalated action plans were being implemented and had resulted in improvements to the quality of training in obstetrics and gynaecology, ophthalmology and neurosurgery.

D2.5 The deanery makes extensive use of feedback from trainees, particularly through the PMETB trainee survey. Multi-source evidence was presented, in particular from LEPs, that use of this trainee feedback had helped in identifying strengths and weaknesses, and had driven improvements in training.

D2.6 The full implementation of the EWTD for August 2009 was a very significant challenge and concern for senior NHS managers, deanery staff, trainers and trainees. EWTD compliance is monitored and reported on by the Welsh Assembly Government (WAG), and the team was told that 88 per cent of training rotations in Wales will be EWTD compliant, as determined 'on paper', by August. A range of approaches is being adopted to achieve full compliance, but many challenges remain.

D2.7 The provision of quality control at LEP level appeared less well structured and developed than the QM process at deanery level, but evidence was presented of structures intended to address this concern. These included the role of the postgraduate organiser (PGO), employed at least in part by the deanery supported by an honorarium (a representative of the School/deanery and accountable to the Dean) but working at trust level. The PGO's role is to lead locally in the provision of medical education for trainees, provide administrative support, identify the education needs of local educational faculty, organise courses and encourage the use of postgraduate centres by all staff.

D2.8 Although there was clear evidence of good working with the NHS, both at the level of the WAG and LEPs, evidence of involvement of Royal Colleges, faculties and others was less consistent. There is good involvement of the Royal Colleges in the school structure implemented in Wales. However, the use of externality in the process of trainee review – record of in-training assessment (RITA) and annual review of competence progression (ARCP) – was not consistent, being strong in some specialties and less so in others. There was variable evidence of the involvement of Royal Colleges in developing or implementing action plans in response to identified areas of concern.

Domain 3: Equality, diversity and opportunity

Postgraduate training must be fair and based on principles of equality.

D 3.1 The deanery has in place clear policies regarding equality, diversity and opportunity, and these are implemented appropriately.

D3.2 The team was told that training programmes complied with relevant employment law and the deanery was working towards best practice. There are Associate Deans with responsibility for overseeing areas of recruitment and disability. All relevant publications from the deanery were clearly written and disseminated, with emphasis on widening access and participation.

D3.3 The deanery has developed the Wales Asylum Seeking and Refugee Doctors Group

(WARD) programme, funded by the WAG for four years. This aims to assist doctors who are seeking asylum, or are refugees, to obtain GMC registration and practise in Wales. A programme of revision and education for the Professional and Linguistic Assessment Board examination (parts 1 and 2) is provided, and WARD has obtained funding to support doctors undertaking this programme.

D3.4 Equality and diversity training is available, and 64 per cent of consultants were up to date with such training. The training programme can also be accessed on-line, using the postgraduate learning and teaching on-line system. However, some trainers were not aware of this facility. The visit team did not see evidence that trainees had completed equality and diversity training.

D3.5 Recruitment to training programmes took into account applicants' individual requirements. Appropriate space was provided in application forms for trainees to declare a disability if they felt it impacted on their ability to undertake any aspect of training. If a disability was declared, it was policy to grant an interview and to make any necessary adjustments. The deanery has a strong ethos and policy in place to support these trainees from recruitment to certificate of completion of training (CCT).

D3.6 There have been some issues at LEP sites where difficulties have been encountered in organising appropriate changes for disability, for example, reorganisation of rotas. However, the deanery has liaised with LEPs to resolve these issues.

D3.7 The deanery has ensured that adjustments are made to programmes to help trainees to work flexibly if they have good reasons and meet clearly stated published criteria. The team was informed that 6 per cent of deanery trainees work in this way, and this had increased substantially in the last two years. A breakdown of trainees' grades and specialties for those working flexibly is available in deanery publications.

D3.8 Data analysis on recruitment is available and published in *Report and Data Analysis on Specialty Training Recruitment in Wales Jan-April 2009*. This analyses the trainees applying and appointed into gender, age, immigration status and disability.

D3.9 There is a specific Associate Dean for flexible training who validates those individuals thought to be appropriate for flexible training against national criteria. There is a flexible training committee which meets regularly to consider relevant issues. There is a flexible training adviser in all the specialty training schools to advise and liaise with programme directors and other relevant personnel, as well as increase awareness of flexible training.

D3.10 The ethos for support and management of training programmes for the benefit of flexible trainees was evident to the team throughout the visit and there were clear procedures and policies. Trainees working flexibly confirmed to the team that there seemed to be no issues with this training and were very enthusiastic about the support they received. Outcomes of flexible training are not yet recorded, but this is planned. Trainees undergoing flexible training were very positive about their experience and, in particular, the efforts of deanery staff and specifically the programme director in obstetrics and gynaecology, to accommodate their training needs.

Domain 4: Recruitment, selection and appointment

Processes for recruitment, selection and appointment must be open, fair, and effective.

D4.1 Recruitment was undertaken by the deanery with robust and appropriate systems in place for recruitment and selection into training programmes. The information relating to recruitment is available on the deanery's website (www.mmcwales.org). An on-line system has been used since 2008. Appointment to neurosurgical training posts is carried out as part

of a UK national recruitment process.

D4.2 Recruitment is carried out by the Specialty Training Office (STO) which was incorporated into the deanery Structure in 2008 and has since undergone an expansion. This new development aims to provide a service for recruitment to the specialty schools and their heads through the school managers. The STO publishes a recruitment guide containing detailed information about recruitment rounds and answers to common questions about recruitment and selection procedures.

D4.3 The deanery's selection process incorporates a '3 room' interview process for all candidates. This includes an evaluation of clinical skills, communication skills and a portfolio assessment. This is a structured process and changes made to it have to be agreed by the Specialty Training Committee or specialty School. The deanery offers training programmes on recruitment and selection procedures.

D4.4 The composition of interview panels is clearly defined and includes a programme director and representatives from a Royal College, a Trust and the deanery. In addition, the team was informed that all selection panels included lay representation. All members of interview panels have to produce evidence of equality and diversity training before they are allowed to participate in the panel, and training is renewed every three years.

D4.5 The STO analyses the results of the recruitment process as a way of ensuring fairness and openness and has a report available for the recruitment process for 2008. Trainees in obstetrics and gynaecology reported that the selection process was fair and they considered that the interview process undertaken by the deanery was amongst the best they had experienced.

D4.6 Recruitment to some specialties continues to present problems for the training programmes. In particular, paediatrics, emergency medicine and core medical training have the largest numbers of vacancies across Wales. The number of vacancies in these specialties/programmes is a major concern and presents significant challenges in terms of provision of clinical care and training opportunities. In addition, recruitment difficulties in ophthalmology were also reported, concerning and impacting on training.

D4.7 The deanery, working with the NHS, British Medical Association (Wales) and the WAG, has been very proactive in trying to promote and encourage recruitment to Wales. They have endeavored to understand what attracts trainees to posts and, for some levels of trainees, have offered free accommodation. Initiatives have been developed to raise awareness of opportunities for undertaking postgraduate training in Wales, for example, the development and publication of a promotional DVD entitled 'We want the best.....to be the best. Medical Training and Careers in Wales'. Trainees, trainers and senior managers reported that these initiatives, especially the DVD, had made an impact and some trainees reported that the DVD positively influenced their decision to come to Wales.

Domain 5: Delivery of approved curriculum including assessment

The requirements set out in the approved curriculum must be delivered and assessed.

The approved assessment system must be fit for purpose.

D5.1. Overall, the team secured a clear impression from the deanery and from trainers and trainees that structures in place were facilitative of good training and assessment. In general, trainees reported good access to training and resources required to complete curricula.

D5.2 Neurosurgical trainees reported concerns about the practical experience available to them to support the acquisition of necessary competencies, although changes had been

made within the last four months to improve their situation. Concerns were expressed by trainees and trainers about the split case load for neurosurgery between Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust, including a greater number of spinal cases at one Trust, and the adverse impact that this had on the quality of the training experience for the trainees.

D5.3 Some trainees in neurosurgery expressed anxieties about the level and breadth of responsibility they undertook. They stated that, on occasions, trainees were restricted to routine ward duties which prevented their attending theatre for operative experience. Overall, there appeared to be significant variability in experiences, and a concern that admission policies regarding minor head injuries had led to cancellation of planned operating lists and less operative experience.

D5.4 The deanery was actively involved with LEPs in making changes to neurosurgery training to ensure the delivery of the curriculum. However, because these are currently underway, the visit team was not able to comment further.

D5.5 A specific issue raised by trainees in obstetrics and gynaecology was the transition between ST2 and ST3 and the acquisition of necessary competences. Many trainees had not had sufficient labour ward exposure during the ST2 year to acquire these skills, and this had prevented their working at the next training level (and to inappropriate positioning on the rota) which had its own competences to be achieved. However, the Head of School, Training Programme Director and trainers were aware of this and had taken a proactive, careful and considered approach to manage this transition more gradually over a period of time into the ST3 year so that competences could be achieved.

D5.6 Obstetrics and gynaecology trainees reported problems in meeting the requirement for ultrasound training and experience in their curriculum. The deanery was aware of this and was working with LEPs to take this forward. At present there was no consistent policy on ultrasound training. Trainees in Cardiff and Vale NHS Trust reported inadequate training in this area, although training was available for other health professionals (for gynaecology clinics), and trainees in the Abertawe Bro Morgannwg University NHS Trust were supported to go elsewhere to gain experience. A weekly ultrasound teaching session has been started on an individual basis, with plans to develop this further.

D5.7 Trainees and trainers in specialties visited and trust senior managers confirmed the challenges in balancing service provision and meeting targets with time for training and education. Trainees in ophthalmology, neurosurgery and obstetrics and gynaecology stated that service provision and targets had reduced their clinical experience, in particular in terms of operative exposure.

D5.8 The ARCP and, where appropriate, RITA processes are in place and assessments are undertaken and checks made on successful progression. ARCP is not consistently implemented across all specialties with regard to composition of panels, external involvement, and how the process is conducted. For example in obstetrics and gynaecology, all trainees meet face to face with the panel (contrary to guidance in the Gold Guide) but this does not happen in ophthalmology. Feedback from trainees can be given at ARCP either through a face-to-face meeting, or through a quality control feedback form sent to the manager of the QA Unit for action by the deanery if required. Flexible approaches have been taken to ensure that trainees do not perceive that unfair evaluations had been made.

D5.9 Trainees reported a variable and inconsistent approach to workplace-based assessment in all specialties. Trainees reported that, although some trainers were keen to help, others had not shown the same commitment. The trainees indicated they were often leading the

trainers through the process, as many trainers had not been trained. The deanery was aware of this and its Supervising the Route to Excellence programme will make available this training. Trainees commented that they had carried out workplace-based assessments on more junior trainees and, although they had knowledge of the process, they were uncertain how they could ensure consistency in determining that the standard was appropriate.

Domain 6: Support and development of trainees, trainers and local faculty

Trainees must be supported to acquire the necessary skills and experience through induction, effective educational supervision, an appropriate workload, personal support and time to learn.

Standards for trainers.

D6.1 Induction was undertaken at both departmental and trust levels, with attendances reported as excellent. Departmental inductions were well received, although some trainees in ophthalmology in Cardiff and Vale NHS Trust felt that trust induction could be more tailored to requirements. The production of a DVD was well received and used in Singleton Hospital, Abertawe Bro Morgannwg University NHS Trust. Trust and departmental induction only took place once a year for neurosurgical trainees (usually in August), with some (Cardiff and Vale NHS Trust) not receiving an induction if starting at other times. Trainees in obstetrics and gynaecology at Cardiff and Vale NHS Trust entering training at non-standard times could also miss induction.

D6.2 All trainees had a named educational supervisor. Obstetrics and gynaecology trainees in Abertawe Bro Morgannwg University NHS Trust stated that there was a clear system and a timetable for meetings. They have meetings with supervisors at six-monthly intervals, as well as meetings with their Royal College tutor. The setting of aims and areas requiring focused training was identified early. Consultants meet monthly with trainees to discuss issues or concerns raised on a one-to-one basis. Trainees in neurosurgery, especially in Cardiff and Vale NHS Trust, had experienced a variable degree of educational supervision, with a lack of meetings with supervisors and little setting of aims or training requirements. The deanery was currently monitoring the situation and there had been some recent improvement. Trainers in neurosurgery had recently made considerable efforts to attend the training provided by the deanery.

D6.4 Learning portfolios were used by trainees in obstetrics and gynaecology and ophthalmology. Recent changes in neurosurgery are helping trainees with curricular requirements, including attendance at the West Midlands Training Programme. The neurosurgical trainees indicated that there had recently been improved teaching in Abertawe Bro Morgannwg University NHS Trust, although some areas still required development. The deanery is involved in these changes.

D6.5 Trainees had a point of contact in order to raise their concerns and views. Most trainees felt that they could approach educational supervisors or programme directors. The obstetrics and gynaecology programme director has ensured that trainees with difficulty are very well supported. There is an accessible deanery system and a contact for careers advice, with trainees reporting very good support.

D6.6 Working patterns and work intensity were significant issues in all specialties seen due to the EWTD and failure to recruit. This had resulted in rota gaps and difficult working patterns in neurosurgery, paediatrics and paediatric ITU. This had been recognised by the deanery and Trust, and the visit team was informed that reconfigurations may be necessary to address these issues. The deanery is currently monitoring the situation and is involved with trusts to ensure that training standards are maintained.

D6.7 Clinical supervision for trainees in obstetrics and gynaecology had generally been very good at University Hospital Wales and Abertawe Bro Morgannwg University NHS Trust,

especially in the labour ward. In Abertawe Bro Morgannwg University NHS Trust trainees undertook outpatient clinics, and senior trainees undertook operating lists, with no direct consultant supervision; however, this was only when they were deemed competent by the trainer and there was a named consultant to contact or another consultant available in an adjoining theatre. Neurosurgical trainees reported good operative experience at Abertawe Bro Morgannwg University NHS Trust. Cardiff and Vale NHS Trust neurosurgical trainees reported that they were supernumerary in clinics.

D6.8 Of the trainees met by the team in ophthalmology and neurosurgery there were no reports of behaviour that undermined their professional confidence or self-esteem. In obstetrics and gynaecology some trainees expressed concern about aspects of the attitudes of other health professionals towards them. The Medical Director and Director of Medical Education at Cardiff and Vale NHS Trust were aware of the situation and reported that increased workloads had contributed to this, but additional staff were now working in this area. Furthermore, an internal enquiry involving senior nursing staff was being carried out by this Trust.

D6.9 There were good examples of involvement in clinical audit in neurosurgery, with monthly audit meetings. There were fewer opportunities due to service requirements for core surgical trainees. In obstetrics and gynaecology SpR/ST3 trainees have at least one session a week at Abertawe Bro Morgannwg University NHS Trust for audit activity.

D6.10 There were some areas offering excellent opportunities for trainees to learn from other healthcare professionals. Trainees in obstetrics and gynaecology had close contact with surgical care practitioners and with radiology in Abertawe Bro Morgannwg University NHS Trust. Neurosurgical trainees in Cardiff and Vale NHS Trust were positive about combined trauma meetings with orthopaedics. Further developments included secondment of neurosurgical trainees to the orthopaedic spinal unit.

D6.11 Academic contributions did not appear to be prominent among trainees. There has been an initiative to develop academic training and allow trainees to undertake PhD training. Ten trainees will be offered this opportunity in open competition in summer 2009 and summer 2010, reduced to five trainees for 2011.

D6.12 The team noted excellent examples of the deanery's approach to ensuring training for educational supervisors, with a programme being developed called Supervising the Route to Excellence. This comprises five work streams and aims to deliver the standards required for trainers by 2010. All trainers were extremely positive about the deanery's approach, but this is work in progress and is being actively pursued by the deanery.

Domain 7: Management of education and training

Education and training must be planned and maintained through transparent processes which show who is responsible at each stage.

D7.1 There are established training programmes which are generally delivered appropriately and enthusiastically. The training programme in neurosurgery is being reviewed and improved in the light of developments in the provision of neurosurgical services by NHS Wales and the deanery, and is currently being monitored by the deanery.

D7.2 Education and training were managed effectively within the broad context of the key stakeholders of NHS Wales (and its current reorganisational changes and restructuring), Cardiff University and the LEPs. A key to this has been the development of a series of formal and informal links with the WAG, the Chief Executive and Medical Director of NHS Wales, and the chief executives and medical directors of the LEPs.

D7.3 The trust commissioning visits are an important component in the management of the programmes, and their subsequent action planning processes detail responsibilities of particular stakeholders for ensuring effective delivery of training programmes.

D7.4 The levels of accountability in the management structures appeared to be well defined, as demonstrated in discussions with trainees, medical directors and chief executives of trusts, associate deans, training programme directors, postgraduate organisers and heads of school with their associated specialty training committees. All those with specific roles were clear about what they were expected to do in the delivery of education and training.

D7.5 The team was told that the LEPs had an identified individual at senior level with overall responsibility for education. In some trusts this was the Medical Director, in others these responsibilities were delegated to an Associate Medical Director or Director for Medical Education, but with the Medical Director being accountable at institutional level.

D7.6 Nationally, the Medical Director of the WAG had taken this responsibility and was organising joint meetings for the new medical directors of the seven health boards, with education specifically included in discussions.

D7.7 The deanery provides excellent support for trainers within the LEPs. In particular, the role of the postgraduate organisers within the trusts and the appointment of specialty training managers working within the school structure have been important in providing administrative support. The team recognised that this was ongoing work.

D7.8 The deanery is currently developing the commercially available database management system 'Intrepid'. This provides support for the Dean in managing education and training by providing a database of readily available information about education and training within the deanery.

D7.9 The deanery is able to identify trainees whose performance in a variety of spheres gives rise to concerns. If a trainee has a specific requirement, such as those related to a disability, there is a well publicised and well known referral pathway to the performance unit. This lies within the deanery and is led by an associate dean. This facility is available to all doctors who are training and provides individually tailored support programmes, guidance and information. This unit also provides courses on performance related issues which are well advertised.

Domain 8: Educational resources and capacity

The educational facilities, infrastructure and leadership must be adequate to deliver the curriculum.

D8.1 The educational capacity to deliver the training programmes was considered to be adequate by the deanery, heads of school, training programme directors, trainers and trainees, with the specific exception detailed below.

D8.2 The exception was in neurosurgery, where specific issues had arisen regarding education, training and clinical experience in all sites. In particular, there was a lack of operative experience because of the small numbers of patients treated with specific conditions. Trainees reported a lack of supervised educational activities and the necessity for service provision impacting on their training. It was reported by trainees and trainers that the educational provision had recently improved significantly in neurosurgical training in Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust. The team noted that the deanery was actively involved in managing and improving neurosurgical training.

D8.3 The deanery reported that further changes in neurosurgical training were required. The

team was informed that these changes were currently in the process of being made, in order to allow satisfactory delivery of the curriculum and meet the PMETB standards. These changes include meetings between trainees and educational supervisors, development of enhanced teaching programmes, and training with the orthopaedic unit to obtain experience where required in spinal surgery. However, the changes were not yet ready for evaluation by the visit team.

D8.4 In general, trainees were offered a wide range of operative and clinical exposures, including sub-specialty training in ophthalmology and obstetrics and gynaecology. Ophthalmology trainees reported that, at the start of their training in Cardiff and Vale NHS Trust, operative experience had been constrained by the ophthalmology unit trying to achieve targets. The trainees stated that this had resulted in a reduction in the number of operations they were performing compared with previous trainees.

D8.5 The majority of trainees reported that the educational resources – internet access, library, journals and books, seminar rooms, offices and audiovisual aids – were satisfactory. Trainees in obstetrics and gynaecology reported that the library and staff were excellent in Singleton Hospital. Speed of internet access was an issue, particularly with respect to complex packages required for clinical work (ophthalmology) and some education applications. The QA Associate Dean reported that this issue had already been identified and she was seeking to resolve it. Provision of computing hardware was reported as generally adequate, except in some locations where access could be improved.

D8.6 Simulation experience and practical training were a priority and the Welsh Institute of Minimal Access Therapy was supporting educational programmes and had close interactions with the Royal College of Surgeons. Specific courses had been developed. In addition to this, the QA Lead reported that all trusts had facilities for basic simulation, but of varying complexity on each site.

D8.7 An important initiative has been the establishment of a simulation group within the WAG to develop a strategic view regarding the planning of the provision of simulation facilities for training on a national basis.

D8.8 There was a commitment from chief executives, medical and associate medical directors and clinical directors to recognise supporting programmed activity time for education in the job plans of trainers. The trainers met by the team reported that there was an allocation of between two and three supporting programmed activities in their job plans. Of these, approximately one was for undergraduate and/or postgraduate education. Obstetrics and gynaecology trainers reported that this time was sufficient, but ophthalmology trainers reported that this was insufficient time for their teaching commitments. Medical and clinical directors stated that the supporting programmed activity time available for teaching was being reviewed.

D8.9 The team was informed that there was inconsistency in the recognition of the additional time required within job plans for trainers occupying key roles (training programme directors and Royal College representatives), with some reporting no recognition. In obstetrics and gynaecology at Cardiff and Vale Trust, four educational supervisors had been allocated an additional session, as had Royal College tutors.

D8.10 Study leave was available to trainees, who were offered study leave time and approximately £850 per annum. There was a clear system which worked well if applications were planned in advance. Trainees indicated that, in some posts, when trainees were allocated fixed periods of leave this could delay substantially their undertaking an essential course.

D8.11 The E-learning unit has developed a Wales E-Learning Portal for Medical Education and Training, and this is being rolled out. The resources provided are being mapped to the competences required by trainees and include packages for cervical screening, ophthalmology, dermatology, breast cancer and a sexual health project. It is envisaged that departmental induction will also become available within this system.

Domain 9: Outcomes

The impact of the standards must be tracked against trainee outcomes and clear linkages should be reflected in developing standards.

D9.1 RITA and ARCP spreadsheets reported trainees' grades and outcomes. The outcomes for trainees in obstetrics and gynaecology, ophthalmology and neurosurgery were in keeping with those reported by other deaneries. All trainees who were interviewed had undergone the necessary RITA/ARCP processes. The deanery is currently evaluating these data with respect to gender and ethnicity, although it is aware that such an analysis could lead to identification of individuals because of relatively small numbers of trainees in some categories.

D9.2 Pass rates for examinations, including FRCS(neurosurgery) and FRCOphth, were reported by the deanery to be available within individual schools, however staff from the School of Obstetrics and Gynaecology did not have this information. When the team reported this to the deanery it was reassured that the data was readily available within the deanery. The data have not been benchmarked against national figures at the present time as such data were not available.

D9.3 Drop-out rates for programmes were available within the deanery and were regularly reviewed. However, this information was not in the public domain. In the last complete 12 month period, ending July 2008, the data provided to the team indicated that no trainee had left any programme without completing it successfully. The deanery used this information to ensure that all trainees in danger of dropping out were given appointments with career advisers to ensure that all possible steps were taken to allow trainees to continue and/or return to their programme with appropriate help and support.

D9.4 The performance unit has developed a clearly defined and easily accessible performance management strategy for individual trainees who experience difficulties and require support. As part of this process, an electronic database has been established which provides information, including number of cases, breakdown according to gender and health and disability, outcomes (positive or negative) and the number of trainees currently being supported. In addition, the database monitors support and progress of trainees during this process. A summary of these data, with anonymity maintained, is publicly available.

D9.5 The deanery has developed a new system of tracking those trainees in general practice who have successfully completed training programmes and have obtained their Certificate of Completion of Training (CCT) in Wales before taking up posts in Wales. The system is currently being piloted and highlights data which are important for the revalidation process; data about revalidation and whether it has been carried out successfully will be available to track career progress. It is planned to pilot this in general practice initially, so as to assess its suitability for widespread use among other hospital specialties.

D9.6. Data were not available on the numbers of trainees obtaining higher degrees or producing published works.

D9.7 As part of its QM process the deanery has instituted an end-of-placement evaluation which is carried out on-line and which provides detailed data about individual placements for trainees. The QA Unit reported that this information is specific to each School and is

monitored by the deanery and mapped against all other sources of information, but these data were not seen by the team.

D9.8 The outcomes of the WARD programme for training refugee doctors are published and this has resulted in 66 additional doctors being employed. This is displayed on the deanery's website.

8. Findings against PMETB's standards for deaneries

Each finding must be explicitly linked to evidence (either direct experience or from the evidence base presented).

Standard 1: The postgraduate deanery must adhere to, and comply with, PMETB standards and requirements

S1.1 The deanery is clearly aware of and seeking to comply with all the PMETB standards and requirements. A local QM framework has been developed and is in place (see paragraph D1.2). The deanery is adopting a proactive approach which is resulting in improvements in the quality of training. An important component of this is the implementation of action plans based on trainee feedback and the outcomes of visits to LEPs, highlighted by the trust commissioning visit system and the other integral components of the QM framework.

S1.2 There are structures in place for the governance of education and training through the establishment of schools and training programme directors at deanery level, and postgraduate organisers at LEP level, all of whom are drawing on the principles of good educational governance. However, these have not been articulated within an educational governance framework.

S1.3 While there were clearly identified executive officers at board level responsible for postgraduate medical education, normally the Medical Director, there did not appear to be a clear recognition of the concept of educational governance within the LEPs. The team did not see demonstrated a service involvement in the deanery's schools, whose heads reported that operational effectiveness was affected as a consequence.

S1.4 The team noted a general awareness of PMETB standards and principles amongst trainers and trainees.

Standard 2: The postgraduate deanery must articulate clearly the rights and responsibilities of the trainees

S2.1 A series of leaflets, written information, electronic resources on the deanery's website, and the information given at induction have been produced and made available to trainees. These indicate the services and help available to trainees should they need them.

S2.2 All trainees had access to counselling services which were well advertised by the deanery.

S2.3 Trainees have provided feedback indicating areas of concern through the PMETB trainee survey, with a high response rate. In addition, the end-of-placement survey of the deanery also gives the trainee an opportunity to feed back about the training and the trainers in a confidential way. The trainees also have the opportunity to feed back through the RITA and ARCP processes. Face-to-face meetings were used by some of the schools as part of this process.

S2.4 The team was told that trainees had a representative who attended specialty training committees and/or school management meetings. This approach did not appear to be consistent and some trainees said that their involvement had less effect than they believed

to be appropriate.

S2.5 The RITA and ARCP processes include a quality control feedback form to the manager of the QA Unit for action by the deanery if required. This details the nature of the concern, the steps already taken, and an agreed action plan signed by the chairman of the panel and the trainee. In addition, there is a mechanism to report immediate concerns to postgraduate organisers or educational supervisors or through a trainee feedback form which is returned to the QA Unit.

Standard 3: The postgraduate deanery must have structures and processes that enable the PMETB standards to be demonstrated for all training and trainees within the sphere of their responsibility

S3.1 The deanery had a clear strategic plan which is publicly available. The structures within the deanery, the organisation of these structures, the schools and the integration of the specialty training committees and Royal Colleges have enabled them all to be actively involved in education and training.

S3.2 The reorganisation of the NHS in Wales was explained to the team and reassurance was provided by the Chief Executive for NHS Wales, the Chief Medical Officer for Wales, the Medical Director for the WAG, the Head of Medical Workforce Policy and Education for the WAG and the new Chief Operating Officer of Abertawe Bro Morgannwg University NHS Trust (shortly to take up office) on the importance and profile of postgraduate education and training within the restructuring of healthcare in Wales.

S3.3 The deanery lies within Cardiff University and the team was told that the line management of the Dean is through the University of Cardiff Pro Vice-Chancellor who has responsibility for this area within the University's organisational and management structure. The Dean was responsible to the NHS and the WAG for other aspects of work and, although this was a complex relationship, the Pro Vice-Chancellor, NHS Chief Executive, Medical Director for NHS Wales and the Dean confirmed that it functioned well.

S3.4 The deanery receives funding from the WAG through a service level agreement (SLA) to deliver its responsibilities for training. This involves the WAG providing funding directly to Cardiff University for deanery staff, infrastructure, foundation, workforce planning and recruitment, flexible training, careers, appraisal and continuing professional development, dental vocational training, quality assurance, e-learning, research, and the Welsh Institute of Minimal Access Therapy. The Medical Education unit is not funded by the WAG, but through HEFCW (Higher Education Funding Council for Wales) and income generation via student fees. The deanery instructs the WAG to pay directly to trusts across Wales monthly for training grade salaries (SLA between deanery and trusts) and to postgraduate centres for premises, educational support, library services, capital charges, PGO honoraria and courses run by trusts. The deanery instructs the WAG to reimburse GP Registrar salaries via the Business Service Centres on a monthly basis.

S3.5 The deanery monitored training programmes by a variety of means such as PMETB trainee surveys, trust commissioning visits, end-of-placement feedback, and the ARCP/RITA processes. The QA Unit has a clear system of risk assessment based on the likelihood of an issue and the severity of its impact. This is then rated as high, medium or low risk. This system is used within the deanery to monitor programmes, in the updates on progress reports which follow trust commissioning visits, and also in the annual postgraduate deanery report to PMETB. Clear action planning processes were then instituted and followed up by the deanery.

S3.6 The response rate to the 2009 PMETB trainee survey was the second highest nationally, and this had increased from the response of trainees in 2008.

S3.7 The deanery, particularly the QA Unit, was ensuring that areas of risk and problems that had been identified were monitored and followed up. For example, issues relating to obstetrics and gynaecology training and to ophthalmology training, both in Cardiff and Vale NHS Trust, had been monitored and subjected to escalated action planning with the LEP. Evidence was presented which indicated that if action plans did not achieve the required educational standards then it was made clear that the deanery could take further action, which may include removal of trainees or referral of the issue to PMETB. These areas, and the patient safety issues detailed in Domain 1 (obstetrics and gynaecology in Cardiff and Vale NHS Trust and neurosurgery in Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust), are currently being pursued actively by the deanery.

S3.8 External advisers, for example, regional college representatives, representatives of other deaneries, and lay members of selection panels, were involved in various aspects of the deanery and school systems, although there were some inconsistencies in approach between schools.

Standard 4: The postgraduate deanery must have a system for use of external advisers

S4.1 Lay advisers contribute to the QA Unit through representation at its QA Committee. Lay involvement was found in the trust commissioning visits, an integral component of the QM framework. The two lay members currently involved have an extensive background and expertise in health service management at a senior level.

S4.2 Lay involvement within the schools and specialty training committee structure was less clear. The team was told that some specialty training committees in the School of Medicine and the School of Obstetrics and Gynaecology were considering and exploring the use of lay involvement in 2010.

S4.3 There was lay involvement in the deanery's selection process for training programmes but there was no consistent approach to lay involvement in the RITA/ARCP processes.

S4.4 External medical advisers are involved in some areas of the deanery's processes, although there were inconsistencies. There was strong college involvement at school level. A regional Royal College representative is involved in the ARCP process for obstetrics and gynaecology trainees. Their role is to evaluate the methodology used and provide written constructive feedback to ensure standardisation across deaneries. This School has developed an interchange of external Regional College representatives to participate in the RITA/ARCP processes by being part of the panel or sampling the panel's work. Similarly, the School of Radiology has close links with the Royal College of Radiologists in carrying out the radiology trainees' ARCP. The team saw no evidence of college externality in the escalated action planning process.

S4.5 The team was provided with detailed documentation by the School of Obstetrics and Gynaecology for the ARCP process, which was clear, well constructed and had external involvement during its development and use

S4.6 The ARCPs of ophthalmology trainees do not involve Royal College representatives directly. However, it was reported by the specialty training committee that 10 per cent of ARCPs are sampled as a paper exercise by a Royal College representative of an external

deanery. The team saw three examples of comments written by external Royal College representatives, and considered that these made positive contributions to the work of the specialty training committees following the ARCP process.

Standard 5: The postgraduate deanery must work effectively with others

S5.1 The team found that the deanery was working with all stakeholders and had developed systems and structures which were now in place and functioning effectively in relation to education and training.

S5.2 The Dean had both formal and informal links with the WAG, the Chief Executive and Medical Director of NHS Wales, and the chief executives and medical directors of the LEPs, and these were reported by all involved to be working very effectively.

S5.3 The roles of the associate deans included specific responsibilities for key areas such as performance and quality management. The development of these roles has facilitated the deanery's interactions with heads of school, specialty training committees and training programme directors, the LEPs and other organisations such as the Royal Colleges.

S5.4 Postgraduate organisers have been appointed to work at the level of the LEP and the team was informed that there was at least one in each Trust, although some smaller LEPs did not have one. Their role was providing a key and well recognised way of effective communication with the deanery as well as taking a lead in the provision of education and training within the LEP. The appointment of specialty training managers working within the school structure has been important in providing administrative support to allow processes such as RITA/ARCP to be more effectively managed.

S5.5 The trust commissioning visits, and the way in which the deanery follows up action points and issues raised, demonstrate the effective working of the deanery and its processes with LEPs. They have also encouraged externality through involvement of effective lay, Royal College and other agencies at a variety of levels.

S5.6 There is a range of systems and structures in place to enable conjoint consideration of the delivery, maintenance and development of training programmes and posts. The deanery's support for the creation of schools, the facilitation of the RITA/ARCP processes by the deanery's new administrative support systems, and support for and championing of the implementation of proper procedures for the selection, recruitment and training of education supervisors and trainers has significantly contributed to the postgraduate medical education framework for training now in place in Wales.

Summary

Strengths

1. The universally supported and appreciated work of the Dean and deanery team in providing leadership in education and training, the supportive approach and the enhanced profile of the deanery in the last two years. (paras D1.2, D2.1, D2.3, D3.9, D4.9, D7.5, D7.7, S3.1, S3.2, S3.3, S3.7, S5.1, S5.2, S5.3, S5.4)
2. The quality management framework implemented by the deanery, the Quality Assurance Unit and its approach to risk identification and management. (paras D1.2, D2.1, D2.5, D7.3, D9.7, S1.2, S3.4, S3.7)
3. The close working relationships that have been developed between the deanery, NHS Wales and senior managers of local education providers. (paras D1.2, D2.8, D7.2, D7.6,

D8.8, S3.2, S3.3, S3.4)

4. The lead and active role taken by the deanery to seek to ensure that training standards are maintained when issues impacting on the delivery of training have been identified. (paras D2.2, D2.3, D2.4, D5.4, D6.6, D7.1, D8.2, S3.5, S3.7).
5. The strong link between the deanery and local education providers resulting from the role of postgraduate organisers. (paras D2.7, D7.7, S1.3, S5.4)
6. The deanery's careful handling of flexible training and the support provided for individual doctors in difficulty through the performance unit. (paras D3.2, D3.3, D3.5, D3.7, D3.8, D3.9, D4.5, D4.6, D4.7, D7.8, D9.4, S2.2)
7. The proactive approach and initiatives designed to enhance recruitment to Wales to address the specific requirements for Wales in healthcare provision. (para D4.9)
8. The Supervising the Route to Excellence programme which specifically addresses the educational needs of the trainers. (paras D5.9, D6.12, D7.7)
9. The approach and commitment to E-learning which offers substantial potential for meeting the education and training needs in Wales, given its specific circumstances and requirements. (para D8.13)

Areas for Improvement

1. Implementation of the August 2009 EWTD requirements is presenting a challenge for all local education providers. Plans for addressing the impact on training, particularly where there are unfilled posts, so that all local education providers give appropriate emphasis to postgraduate medical training were not clearly set out. (paras D1.3, D1.4, D1.11, D6.6)
2. There is a tension between service provision and education and training in local education providers which has impacted on the delivery of training and education and the acquisition of necessary competences. There needs to be better recognition of the concept of educational governance in local education providers. (paras D1.4, D1.10, D1.11, D2.6, D4.8, D5.7, D8.4, D8.5, S1.3)
3. Critical incident reporting systems and overall mechanisms of reporting are not well developed across all training programmes and are not well known and recognised by all trainees. (para D1.5)
4. There are significant issues, in areas such as supervision, handover, and appropriateness of workload, on which the deanery is currently working, in the specialties of neurosurgery, obstetrics and gynaecology and paediatrics, in particular, in the Cardiff and Vale NHS Trust. (paras D1.5, D1.7, D1.8, D1.9, D1.10)
5. Trainees and trainers in both Cardiff and Vale NHS Trust and Abertawe Bro Morgannwg University NHS Trust expressed concerns about training and were unclear about the impacts of the external review of adult neuroscience and the possible restructuring of neurosurgical service delivery on future neurosurgical training. (paras D1.10, D1.11, D5.2, D5.3, D6.2, D6.6, D6.10, D7.1, D8.2, D8.3)
6. Lay involvement was variable within the School structure and assessment process. Royal College involvement was clearly in place at school level but was more variable below this level in the training hierarchy and did not appear to contribute to the process of escalated action planning. (paras D2.8, D5.8, D8.11, S3.8, S4.2, S4.3, S4.4, S4.5, S4.6)
7. Workplace-based assessment is in the initial stages of development with, in general, trainers lacking knowledge about these procedures and the time to carry them out. (paras D5.10, D6.12)

Signature of Lead Visitor



Date 06/09/09

Decision of VTD Panel

The provision at Wales Deanery has:

Met with conditions the standards and requirements of PMETB

Notable Practice:

1. The effective Quality Management framework implemented by the deanery, particularly in recognition of the notable advancement of this in a relatively short and turbulent period, in significant part thanks to the Dean and his senior team.
2. The approach and commitment to E-learning and the substantial potential that this affords to meeting the education and training needs in Wales.
3. A vigorous approach to enhancing recruitment, and the innovative ways developed to address the specific requirement for Wales in terms of healthcare provision.
4. The culture and policies of support for trainees, as well as for those training flexibly.

Conditions: all to be met by the next Annual deanery report (ADR)

1. Cardiff and Vale NHS Trust must provide adequate consultant supervision post-operatively for trainees in obstetrics and gynaecology on both sites. A clearly defined and detailed action plan must be provided, and evidence of the increased satisfaction of trainees within these posts is to be provided by the end of March 2010.
2. The situation in Neurosurgery at Abertawe Bro Morgannwg University NHS Trust, regarding irregular shift patterns that are changeable without notice, must be resolved. In addition, rota gaps and the need to work excessive hours are impacting on the trainees' ability to attend training; an action plan to address this must be provided.
3. The deanery must provide evidence of continuing improvement regarding the situation in neurosurgery at Cardiff and Vale NHS Trust, particularly with regard to inadequate handover arrangements from Hospital at Night teams to neurosurgical teams.
4. Critical incident reporting systems and overall mechanisms of reporting need to be well developed across all training programmes and recognised by all trainees.
5. The deanery must expand its cohort of lay advisers and ensure that they are deployed consistently.

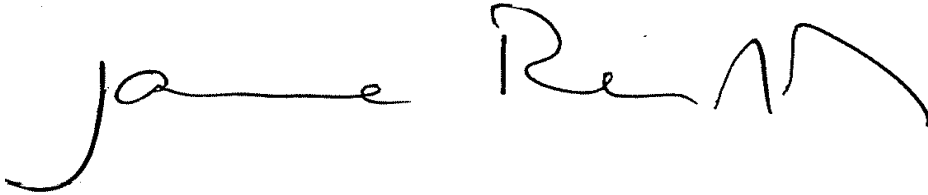
Recommendations:

1. Local education providers should review their processes of educational governance

for quality control, including recognition of adequate time and resources for training.

2. The deanery should ensure that trainees undertake training in equality, diversity and opportunity.

Signature of Chair of VTD Panel

A handwritten signature in black ink that reads "Jane Rem". The signature is written in a cursive style with a large initial 'J' and 'R'.

Date 21/09/09